

CLAIMS ONLY						Application Number		Filing Date				
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/					51						
2	/					52						
3	/					53						
4	/					54						
5	/					55						
6	/					56						
7	/					57						
8	/					58						
9	/					59						
10	/					60						
11	/					61						
12	/					62						
13	/					63						
14	/					64						
15						65						
16						66						
17						67						
18						68						
19						69						
20						70						
21						71						
22						72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	2					Total Indep						
Total Depend	12					Total Depend						
Total Claims	14					Total Claims						